

**Leicester City Health and Wellbeing Board  
5 March 2026**

<b>Subject:</b>	Update from the Leicester Integrated Health and Care Group
<b>Presented to the Health and Wellbeing Board by:</b>	Georgia Humby, Integrated Board Lead Officer
<b>Author:</b>	Georgia Humby

**EXECUTIVE SUMMARY:**

The Leicester Integrated Health & Care Group was established to support the Health & Wellbeing Board in providing leadership, direction, delivery and assurance in fulfilling its aim to 'Achieve better health, wellbeing and social care outcomes for Leicester's population and a better quality of care for children, young people and adults using health and social services'. This summary is intended to provide an overview of the recent work undertaken by the Group to ensure the Health & Wellbeing Board is kept updated and informed.

Over recent months, the Group has continued its focus on developing the neighbourhood model for health and care which intends to bring people together for closer working. The Group have continued to discuss the programme to ensure the implementation of the neighbourhood model is developed in collaboration. An initial series of workshops will be taking place across the four city neighbourhoods over the coming weeks. The workshops will be an opportunity to begin to shape next steps which is envisaged to be steered by neighbourhood boards which will be shared for discussion with the Health & Wellbeing Board.

Other changes to the health landscape have also been discussed by the Group, particularly identifying and managing risks around the clustering of the Integrated Care Board for Leicester, Leicestershire and Rutland with Northampton and Northamptonshire to ensure continued arrangements across the health and care system in Leicester.

The Group are responsible for oversight of joint commissioning activity and have therefore discussed activities including home care, the high dependency residential service and dementia support services. Other discussions have included individual healthcare plans and women's health programmes.

Delivery Plan updates are also reported on a cyclical basis to the Group for monitoring impact and identifying opportunities. The latest updates have included hypertension case finding as well as mental health and wellbeing related to social inclusion, and supportive networks – the full updates can be found below.

The Group also has oversight of the Better Care Fund and have considered business cases for 2026/27. The BCF subgroup are now focussed on planning which will be reported to the Health and Wellbeing Board for approval before submission.

**Delivery Plan Updates:**

**Please note the ask from the Health & Wellbeing Board to alter the deliver plan updates to include information on outcomes associated to projects has been implemented and will be illustrated in the next cycle.**

Date: January 2026

Title of workstream: Hypertension prevention and case finding

Objective: *To increase detection of hypertension in Leicester through primary and secondary preventative measures and optimisation of treatment.*

- Meds op design group
- City Place monthly meetings
- Long terms conditions partnership board

Reporting Project	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period (please include an explanation for rating)	Outcomes Contributing to RAG Rating
Advanced Pharmacy Meds op design group	<ul style="list-style-type: none"> <li>• Increase proportion of blood pressure service consultations that are ABPM to 10%</li> <li>• Grow total annual blood pressure check service consultations by</li> </ul>	Currently reviewing in LLR ICB best place for oversight. Better understanding of data available to ICB now in place Additional system targets	East Midlands Primary Care Team work on low provision of ABPMs to report. Consider appropriate actions around low ABPM performers	None	BP checks inappropriately targeted drives low quality perception of service. EMPCT quality work to mitigate. Low GP practice engagement in referrals – trial new approaches with new	Amber Overall growth strong, ABPM struggling	

	15% from 2024 baseline.	from NSE region in place and being exceeded. Pilot of appointments booking platform for community pharmacy imminent. October data: 8136 (219% annual growth) BP checks in LLR in total – 297 (3.6%) ABPM.	Appointment booking pilot to go live.		in post pharmacy / PCN engagement leads.		
<b>NHS Health Checks</b> Meds op design group	<ul style="list-style-type: none"> <li>• N screened</li> <li>• N diagnosed within 12 months of check date</li> <li>• N receiving health check as part of QRISK score &gt;10% recorded</li> </ul>	<ul style="list-style-type: none"> <li>• N screened: 2024-25: Q1= 2802 Q2= 2670 Q3= 2898 Q4= 3652  2025-26: Q1= 2682 Q2= 2502</li> </ul>	Work is progressing to identify potential new models of delivery and have been working with the two universities in the city to identify possible ways to develop health check offer via this route. In	This will be largely dependent on eligible population defined within NHS Health Check inclusion criteria, although work will continue to target specific areas of Leicester where uptake is known to be lower, combined with hypertension case finding work and	The NHS Health Check re-procurement has now gone live for GP practices to apply for, this has been under PSR direct award process B. GP practices will have until early January to apply and submit relevant documentation. We	Green-overall performance of NHS Health Check programme is performing strongly and line with anticipated target	<a href="#">NHS Health Check - Data   Fingertips   Department of Health and Social Care</a>  Current overall uptake for NHS Health Checks in Leicester is

		<ul style="list-style-type: none"> <li>N diagnosed within 12 months: 2023-24: 573 2024-25: 504</li> <li>N receiving health check (part 2)  2024-25: Q1= 352 Q2= 224 Q3= 327 Q4= 295  2025-26: Q1= 295 Q2= 254</li> </ul>	<p>addition, working to support the hypertension case finding programme to ensure patients are being re-directed and signposted to have their NHS Health Check where appropriate and if deemed eligible.</p>	<p>looking to target higher risk groups.</p>	<p>have set up a number of support sessions for GP practices to attend and help guide them through this process to ensure full engagement. As a result, we will need to monitor how this is progressing over the coming weeks so that all of our current GP practices are complying with the outlined process. We have put in place measures to help mitigate against any practices who may not sign or intend to complete necessary documentation, so that contracts can be awarded and carry on providing NHS Health Check service.</p>	<p>figures for 2024-25 and 2025-26.  More detail can be found below:  <a href="#">NHS Health Check - Data   Fingertips   Department of Health and Social Care</a></p>	<p>53.5% compared to national average of 32.5%.</p>
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<p><b>Support case finding and optimisation of Hypertension</b></p> <p>City Place monthly meetings</p> <p>Long terms conditions partnership board</p>	<p>Outcomes and proposed success measures to be reviewed and amended via task and finish group in 2026.</p> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Increase in knowledge of risk factors for hypertension and behaviour change amongst target population</li> <li>• Increase in number of people a) accessing a BP test, b) being diagnosed with hypertension, c) being optimised</li> <li>• Increase in number of people receiving risk reduction advice and making appropriate behaviour change to manage risk</li> <li>• Reduction in number of strokes/myocardial infarctions in Leicester City</li> </ul> <p><b>Proposed success measures</b></p> <ul style="list-style-type: none"> <li>• Significant increase amongst no. of people in target population to have a</li> </ul>	<p>Task and finish group met bi-monthly throughout 2025.</p> <p>Key outcomes and areas of progress:</p> <ul style="list-style-type: none"> <li>- Offsite testing model for community pharmacy hypertension case-finding service developed and piloted at 2 events; 153 BP tests conducted.</li> <li>- Roving Health Unit conducting BP checks alongside vaccinations campaigns; 137 tests conducted Jan – August, 21 tests Oct – Dec.*</li> <li>- Public health have carried out 55 BP checks</li> </ul>	<p>Task and finish group to meet in January 2026 for annual review of progress and next steps discussion, including review of KPIs/proposed success measures.</p> <p>Scope for project expansion &amp; development of a more systematic schedule of events attendance and BP testing using SOP to increase testing capacity.</p> <p>Potential opportunities to work with pharmacy/medical students from local universities to deliver BP checks in the community.</p> <p>Continue to work with community</p>	<p>Working with LPT Health Equity on health promotion opportunities for people with LDA, and sharing information about additional support for people requiring this to access/engage with testing. BP testing carried out as part of LD Health Checks with good uptake.</p> <p>BP test included in SMI Health Check.</p>	<p>Key notable risks: remain as per previous reporting.</p> <ol style="list-style-type: none"> <li>1. No designated resource attached to this work <ul style="list-style-type: none"> <li>– intervention options have been developed to maximise on existing capacity/resources.</li> </ul> </li> <li>2. Requires ‘buy in’ from all key stakeholders – lack of this from any single area could limit reach and effectiveness of project. <ul style="list-style-type: none"> <li>- Good T&amp;F group representation across all required areas.</li> </ul> </li> <li>3. Possible impact on NHS Health checks (less people attending as a result of additional BP testing interventions)</li> </ol>	<p>Green – on track with no areas for escalation at this time.</p>	<p>See column 3 – ‘update’ for numbers tested and number of health promotion opportunities.</p>
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	<p>BP test over a 6-month period (actual number TBC)</p> <ul style="list-style-type: none"> <li>• Significant increase in the number of newly diagnosed cases of hypertension (actual number TBC, % of estimated 24,000 undiagnosed cases in Leicester)</li> <li>• Increase in use of pharmacy services for measurement of BP (baseline to be established)</li> <li>• 100% of individuals attending a BP check to be assessed for risk factors and offered prevention advice/signposting/referral to support services</li> <li>• 100% of individuals with BP considered within ‘dangerous’ range referred for immediate management as per NICE guidance/local guidelines</li> <li>• Individuals with a high BP reading via pharmacy outreach testing to be advised to be offered</li> </ul>	<p>from November 2025 onwards via GP registrars on placement.</p> <p>Appropriate follow up advice and signposting shared with all receiving a BP check.</p> <p>- Health promotion at events aiming to reach those at greater risk of hypertension-related health inequalities (Mosque, Caribbean Carnival, Leading Better Lives, Sri Lankan Tamil school, Community Wellbeing Champions public health conference).</p>	<p>pharmacy to identify opportunities for offsite testing.</p> <p>Roving Health Unit to continue offering BP checks as part of vaccinations campaigns.</p> <p>Opportunities to work with NHS Health checks programme re. targeted invitation to be revisited following reprourement exercise.</p>		<ul style="list-style-type: none"> <li>- Signposting to NHS HC to be embedded within intervention pathway.</li> </ul> <p>4. Participation from target audience is essential.</p> <ul style="list-style-type: none"> <li>- Engagement with target audience ahead of development of intervention to support co-design/co-production.</li> <li>- Stakeholders include CWC representation.</li> </ul> <p>Full risk log to be reviewed as a standing agenda item at T&amp;F group.</p>		
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	<p>ABPM as per NICE guidance/local guidelines.</p> <ul style="list-style-type: none"> <li>- Individuals identified with high BP to be referred to GP for medicines optimisation as per NICE guidance/local guidelines</li> </ul>	<p>Outcomes include signposting for BP testing or lifestyle advice, and engagement with services who can promote BP testing to their patrons.</p> <p>Standard Operating Procedure (SOP) developed via Public Health to enable their staff to conduct BP testing where appropriate, thus increasing capacity.</p>				
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\*Mechanism for collecting /sharing data beyond August 2025 has changed.

**Case study/ qualitative examples of progress:**

Project	Example

**Point for escalation relating to any of the projects:**

**Bibliography of Projects**

<b>Project</b>	<b>Description</b>
<b>Advanced Pharmacy</b>	Most pharmacies in Leicester are signed up to the NHSE hypertension case-finding programme. This involved blood pressure checks.
<b>NHS Health Checks</b>	The programme is a preventative check to assess overall health status for those aged 40-74 years and don't have a pre-existing medical condition, one of the key areas the NHS Health Check measures for is hypertension and risk of cardiovascular disease (QRISK score).
<b>Support case finding and optimisation of Hypertension</b>	i) Place based targeted work to support practices to identify pts , and link to neighbourhood plans (Community Health and Wellbeing plans ) ii) a communication plans to support medication adherence ( iii) using business intelligence analysis to understand the detection and optimisation gaps. iv) T&F group work to focus on reducing health inequalities in hypertension detection.

Date February 2026

Title of workstream: Mental health and wellbeing related to social inclusion, and supportive networks

Objective: *Improving the mental health of our local population by promoting and facilitating community-based offers that support inclusion, connectedness and wellbeing*

**Governance arrangements:**

- Leicestershire Partnership NHS Trust
- Early Intervention & Prevention Board (Adult Social Care, Leicester City Council)
- Community Public Health Steering Group
- Leading Better Lives Steering Group (LCC)
- Mental Health Partnership Board
- Leicester City Council – Public Health
- LLR Mental Health Collaborative

Reporting Project (governance)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experienced young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
<b>Neighbourhood Mental Health Cafés</b>  <i>LLR Mental Health Collaborative</i>	Case studies demonstrating impact. Quality review of individual cafes.  <i>Healthwatch 'Enter and View' Report completed and published.</i>	Monthly data and case studies collated. Reviews of individual cafes ongoing.  <i>City: Apr to Dec 2025            X8 VCS Orgs providing cafes</i>	Complete review of cafes by November.  <i>Cafes are reviewed twice per year – completed.</i>  <i>Webpage live for providers containing all policies and</i>	<i>n/a</i>	<i>No risks</i>		

	<p>High level findings include;</p> <ul style="list-style-type: none"><li>• Consistently positive picture of warm, welcoming spaces offering emotional and practical support.</li><li>•Café staff are widely praised for their compassion, active listening and knowledge of mental health needs.</li><li>•The availability of one-to-one space was noted as particularly beneficial, giving individuals the privacy and time they needed to talk openly and feel heard.</li><li>•Cafés are described by many people as a "lifeline"</li></ul>	<p>X19 café sessions per week across Monday to Sunday Total contacts: 3,397 Total new users: 771</p>	<p>procedure documents for the cafes.</p>				
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<p><b>Mental Health Wellbeing &amp; Recovery Support Service</b></p> <p><i>Early Intervention &amp; Prevention Board (Adult Social Care, Leicester City Council)</i></p>	<p>Undertake a quality review with a focus on impact of the service and how this offer fits within the wider mental health system.</p>	<p>Review ongoing in conjunction with County and Rutland.</p>	<p>Complete review of service.</p>	<p>n/a</p>	<p>Risk of non-collaboration with other services across the system Mitigation: monitoring and review asks for information on collaboration.</p>		
<p><b>“Bringing People Together” Social Inclusion Programme</b></p> <p><i>Community Public Health Steering Group</i></p>	<p><b>Let’s Get Together (LGT)</b></p> <p><b>Offers a range of free activities in community buildings such as arts/crafts, walks, refreshments and gardening</b></p> <p>Maintain regular weekly health walks from community locations and encourage social interaction over refreshments</p>	<p>Health Walks are well attended approx. 120 people a month attend health walks and around 18 people attend sociable strolls</p> <p>3 new health walks started last year</p> <p>Orchard Walks began last year and have been popular</p>	<p>LGT working group members working together to support active travel to undertake Sociable Strolls throughout the year and encourage social interaction afterwards with refreshments</p>	<p>All walks are risk assessed and accommodations made for individual circumstances where appropriate and possible.</p>	<p>LGT operates by close partnership working with other departments. Active travel organise sociable strolls – may be unable to continue this activity past Merch 2026 due to staffing and capacity issues</p>		

	<p>----- ---</p> <p><b>Warm Welcome to take place in all libraries between October and April</b></p> <p><b>An additional offer targeting people who may not use libraries</b></p> <hr/> <p><b>Let's Get Digital</b></p>	<p>-----</p> <p>All libraries are offering Warm Welcome in 25/26</p> <p>A warm welcome operates in the community Hub in the Haymarket Shopping centre on Mondays from 2pm -4pm as part of the 2025/2026 offer. Hosted by the PH team</p> <hr/> <p>280 people successfully completed the course (Apr '24-June '25)</p>	<p>-----</p> <p>Early planning for 26/27</p> <p>Explore possibility of working with the Haymarket in the future</p> <hr/> <p>Relaunch of LGD 2026 including full media campaign.</p>	<p>-----</p> <p>--</p> <p>Warm welcome is open to anyone in the city. Anecdotal reports of homeless people participating.</p> <p>People attending the Haymarket centre include non-english speakers and elderly people.</p> <hr/> <p>The team attend community locations and offer the course as people learn on their own devices.</p>	<p>-----</p> <p>Potential changes due to the library consultation could have a detrimental impact.</p> <p>Being unable to find a suitable location for warm welcome within the Haymarket.</p> <hr/> <p>Let's Get Digital is externally funded for 3 years from April</p>		
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	<p>Sessions focusing on meeting health and social needs continue with regular activities and 'drop-ins' at several locations in the city. Public Health will fund the programme for another three years from April 2027.</p> <p>Let's Get from A to B (travel training online) has been added to the programme as an additional module. Target to enrol 200 people a term onto this module  Enrol 240 people per term on the course  Maintain 60% of successful attendees</p>	<p>55% of people continued digital learning after these sessions accessing another course</p> <ul style="list-style-type: none"> <li>• An additional module 'Let's Get from A to B' is due to start shortly. People will have support with finding information, planning journeys, using google maps and booking tickets online</li> </ul>		<p>Targeted work with social housing tenants and people with poor mental health started in January 2026</p>	<p>2026 after which time the programme is at risk unless an alternative source of funding is found.</p> <p>Relaunch media campaign needs to be thorough.</p>		
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	<p>accessing follow on courses</p> <p>Work with 10 organisations per annum offering LGD at their sites</p> <p>----- ---</p> <p>Let's Get Active (contracted service) establish weekly physical activity sessions operate in 5 locations across the city</p> <hr/> <p>Let's Get Growing (Contracted)</p>	<hr/> <hr/> <p>Provider is achieving targets, seeing around 35 people a month. Of which 25% are from priority groups</p> <hr/> <p>Provider is achieving targets</p> <p>Contract up for recommissioning procurement in April 2026</p> <p>The Leicester and Rutland TCV project</p>	<hr/> <p>Explore options for reprocurring the contract after the pilot period.</p> <hr/> <p>Encourage community groups to take up community plots</p>	<hr/> <ul style="list-style-type: none"> <li>Identifying and supporting people who are not digitally literate.</li> </ul> <p>Increasing accessibility by working with VCSE providing courses in familiar locations increases participation.</p> <p>Women only sessions are held weekly.</p> <hr/> <p>Promote growing sessions through CWC network</p> <p>Work with VCSE organisations to support more people from plus groups to access activities</p>	<hr/> <p>None at present time</p> <hr/> <p>TCV deliver community gardening at LCC owned sites, changes to the ownership/ opening times of sites may disrupt provision.</p>		
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	<p>Increase number of community food growing plots at allotment sites</p> <p>Increase access to food growing through the seed library and other initiatives</p> <p>Support educational settings to access food growing</p>	<p>has been assisting Let's Get Growing by using Leicester community food growing sites to host corporate volunteering team days.</p> <p>Besides entry level courses TCV have provided a number of intermediate level courses and workshops tailored towards gardeners with existing experience, to allow community groups and individuals to develop their skills further in a supportive environment</p>	<p>Continue to support school-based initiatives</p> <p>Encourage participation in the seed library and other initiatives</p> <p>Support growing initiatives at the library and community centre</p>		<p>Possibility of receiving no bids or low quality bids for the contract.</p>		
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	Community cooking sessions	Internal partnership between public health and adult learning offering free cooking skills courses in community locations, mainly hosted by VCSE organisations .	Sessions are dependent on short-term HSF funding- explore possibility of sessions continuing.	Sessions offered are targeted including young people, older people, people with mental ill health.	Funding is a risk.		
<p><b>Prevention Concordat for Better Mental Health</b></p> <p><i>Mental Health Partnership Board</i></p>	<p>Partnership Board receives reports to address health inequalities</p> <p>Mental health in all policies, such as access to green space, transport, leisure, arts, and culture</p>	<p>Various sources of information looking at addressing Health Inequalities as they pertain to Mental Health in Leicester:</p> <p>Mental Health and Wellbeing Survey on mental wellbeing in Leicester.</p> <p>Real Time Suicide Surveillance Data</p> <p>African Heritage Alliance report</p>	<p>Working with key stakeholders on</p> <p>Patient and Carer Race Equality Framework [PCREF]</p> <p>Raising awareness of suicide risk to MH Collaborative, the Partnership Board, Lead Member and ICB</p> <p>Procurement of Foodbanks Plus for people at risk of poor mental health linked to poverty.</p>	<p>Patients and carers from minority ethnic backgrounds</p> <p>People resident in the most socioeconomically deprived areas of Leicester</p> <p>Women with a serious mental illness</p>	<p>Financial pressures on ICB has risk of sidelining the impetus to address health inequalities and the prevention agenda in favour of supporting services and a reactive approach.</p>		

		<p>Black Mental Health and Me</p> <p>Poverty and Mental wellbeing: Foodbanks Plus</p> <p>Health Equity Audit by Leicester Counselling Centre</p> <p>Working with LLR Mental Health Collaborative, ICB, LPT, Leicestershire County Council, on improved uptake of breast screening for women with serious mental illness.</p>	<p>Mental Health Collaborative for work on Foodbanks and breast screening for cancer.</p> <p>Application submitted for a refreshed Joint Strategic Needs Assessment on Mental Health in Leicester. This has the support of the Mental Health Collaborative and the Partnership Board.</p>				
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<p><b>Joy app rollout</b></p> <p><i>LLR Mental Health Collaborative</i></p>	<p>Quality Review of the impact of Joy including data, case studies and partner testimonies.</p>	<p>Work ongoing with social prescribers to collate data, case studies and testimonies.</p>	<p>Joy added to the agenda of Leicester City Learning Disability Partnership Board is on Monday 28<sup>th</sup> April. <a href="#">Easy Read poster</a></p> <p>Joy onboarding session with Andy Humpherson and public health team (9<sup>th</sup> January)</p> <p>Joy steering group meeting is 26<sup>th</sup> February. (Andy Humpherson in attendance)</p>	<p>n/a</p>			
<p><b>Mental Health Friendly Places</b></p> <p><i>Leicester City Council - Public Health</i></p>	<p>Case studies demonstrating impact</p> <p>Survey collating feedback from the Mental Health Friendly places to measure positive impact</p>	<p>230 organisations signed up to the programme across LLR.</p> <ul style="list-style-type: none"> <li>• 54 City organisations</li> <li>• 39 organisations that cover LLR as a whole</li> <li>• 16 mental health</li> </ul>	<p>Develop more Mental Health Friendly Clubs by working with the local Football Association and Active Together and Sports and recreation team.</p> <p>Develop a business offer for Mental Health Friendly</p>	<p>n/a</p>	<p>Organisational capacity to enable training requires flexible offers</p>		

		<p>friendly clubs (city)</p> <p>162 people trained in MH first aid aware in City and LLR organisations</p> <p>132 MH first aiders trained in City and LLR organisations</p> <p>30 people trained in Samaritans Listening Skills in City and LLR organisations</p> <p>22 people trained in Healthy Conversation Skills in City and LLR organisations</p> <p>30 people trained in Real Talk Suicide Prevention training</p> <p>Ongoing work with FA around 'Mental Health Friendly</p>	<p>Places, to include bespoke training to fit with ways of working e.g. lunch and learn. Targeting support for small businesses, e.g. barbers, hairdressers</p> <p>Continue to offer bespoke training on men's mental health</p>				
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		<p>Clubs, my space my game' to train committee members and welfare leads of 5 clubs. Current City clubs trained are Friar Lane and Epworth FC, GNG FC and AFC Andrews all will be delivering football sessions in the coming months.</p> <p>Mental Health Friendly Clubs launched summer 2025. 16 MHFC's so far in the City. Working in partnership with Active together to host information webinars for clubs. Sporting clubs being targeted to offer mental health training to support adults attending and can be signposted on to further support if</p>					
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		<p>needed to local services.</p> <p>Together For Men conference hosted in Nov 2025 at Leicestershire County Cricket Ground. Over 100 MHFC's, MHFP's and professionals attended. Talks were given from key services that support men and their mental health alongside stalls showcasing their offers of support.</p> <p>Mental Health Friendly Places and Clubs now have social media platforms on facebook and Instagram to encourage sign ups to the programme and promote the work of mental</p>					
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		<p>health friendly places and clubs.</p> <p>Working with partners at LPT to roll out trauma informed care training for personality difficulties through mental health friendly places platform.</p>					
<p><b>Getting Help in Neighbourhoods Projects</b></p> <p><i>LLR Mental Health Collaborative</i></p>	<p>Quarterly case study theming takes place to demonstrate the impacts and outcomes of the GHiN projects.</p>	<p>Monitoring of the scheme has been undertaken by the Mental Health neighbourhood leads.</p> <p>An online Provider meeting has been established which focuses on key and essential developments and information to maintain high quality provision across the GHiN projects.</p>	<p>Grant agreements to be negotiated for 26/27 once budget agreed by ICB.</p>	N/A	<p>At present no risks identified.</p>		

		A coproduction group has been established to increase the number of organisations informing developments, such as improving outcomes recording using recognised evidence-based tools.				
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**Case study/ qualitative examples of progress:**

Project	Example
Mental Health Friendly Places	<p><b>Saffron Acres:</b>            “We have a small but dedicated staff team, who come from a variety of backgrounds and with different experiences. As a charity, it can sometimes be a little harder to find opportunities for funded training that is relevant to our job roles, and this is where the MHFP experience has really shined. Not only has the training enabled our team to gain uniform understandings so we are all on the same page, it has allowed us to become more confident when we are engaging people that visit us and access our services. It has been directly relevant in the mental health projects we run, but helps support all our other projects we engage people in.”</p>
Aunty Sue	<p>            Aunty Sue Case Study.pdf</p>

Network Event Belgrave	 <p>Case Study Network Event Belgr</p>
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**Point for escalation relating to any of the projects:**

**Bibliography of Projects**

Project	Description
<b>Neighbourhood Mental Health Cafés</b>	Drop-in sessions delivered by voluntary sector providers and located in areas with highest levels of mental health need where people can get mental health support and advice – no appointment needed.
<b>Mental Health Wellbeing &amp; Recovery Support Service</b>	Preventative mental health service enabling people to improve and maintain their mental health & wellbeing, or recover from mental illness, through better use of community assets & resources.
<b>Bringing People Together Programme</b>	Free activity sessions at community centres and libraries encouraging people to learn new skills, get more active and get together with others. Projects include: <ul style="list-style-type: none"> <li>• Let's Get Together (LGT)</li> <li>• Let's Get Growing (LGG)</li> <li>• Let's Get Digital (LGD)</li> <li>• Let's Get Walking LGW)</li> <li>• Let's Get Creative (LGC)</li> <li>• Warm Welcome</li> </ul>

<b>Leading Better Lives</b>	Developing a coproduced council-wide approach to prevention and community wellbeing.
<b>Prevention Concordat for Better Mental Health</b>	Underpinned by a prevention-focused approach to improve mental health, which in turn contributes to a fairer and more equitable society.
<b>Joy app rollout</b>	Roll out of the Joy social prescribing app which promotes activities and support and allows people and professionals to make referrals
<b>Mental Health Friendly Places</b>	Encouraging local businesses & community organisations to take up training offer & accreditation to equip them with skills and knowledge to support people with mental health
<b>Getting Help in Neighbourhoods Projects</b>	Grant-funded projects allowing voluntary sector organisations to expand or enhance their existing offer in order to support mental health & wellbeing through activities and support.